

Framingham State University

STUDENT OF CONCERN REFERRAL FORM

If you need to report an emergency or threatening situation, call

University Police at 508-626-4911.

The Student Assistance Team (SAT) accepts referrals from any person who is concerned about the health or safety of a Framingham State student. Once this form is submitted, the SAT will review the information and take appropriate action. This may include contacting you, the referred student, or any others identified that may have relevant information. If you want to submit a confidential referral, the team will evaluate the report and determine what follow up (if any) is necessary to address the concerns.

Thank you for making a referral to the Student Assistance Team. Please forward to LaDonna Bridges, lbridges@framingham.edu, or Meg Nowak, mnowak1@framingham.edu

Reporter's Name:

Date of referral:

Reporter's Email:

Phone:

Student information (if known).

Student Name:

Student ID:

Student Email

Phone:

Reason for Referral: Please check all observed behaviors which are of concern to you or that may suggest a student is in distress.

Academic:

Not attending classes or repeated absences

Increased dependence on a faculty/staff member (e.g., making numerous appointments, hanging around your office or after class)

Excessive procrastination

Deterioration of quality of work

Inconsistent school work

Repeated requests for special consideration

Repeated confiding in faculty/staff about personal problems

Sending frequent, lengthy, ranting or threatening emails

Worrisome or unusually personal content presented verbally or in written assignments

Behavior that disrupts class

Complaints from other students about the student in question

Repeated lateness to class

Falling asleep in class

Behavioral (what you observe):

Significant change in physical appearance (e.g., poor grooming or hygiene, excessive change in weight either up or down)

Excessive energy (e.g., loud tone of voice, high level of activity, rapid speech)

Inability to focus in a conversation or activity

Thinking or speech that is disorganized, difficult to follow, or aggressive

Strong mistrust of other people

Irritable, sad, or depressed mood

Inappropriate responses and/or display of intense emotion

Signs of physical harm (e.g., cuts, bruises, burns)

Direct statements indicating distress

Slurred speech, unsteady gait, or other indications of substance use

Violent or aggressive outbursts (another option is to call 508-626-4911 and receive more immediate assistance)

Threatening to others (another option is to call 508-626-4911 and receive more immediate assistance)

Reference to suicide or homicide (verbally or in written communication; direct or indirect) (call 508-626-4911 instead of referring to SAT)

Student's Experience (what is reported to you) (another option is to call 508-626-4911 and receive more immediate assistance)

Changes in eating or sleeping patterns

Excessive alcohol or drug use and/or an increase in substance use

Tearfulness, irritability, excessive sadness

Isolating or increased anti-social behaviors

Engaging in high risk behaviors (e.g., driving recklessly, engaging in risky sexual behavior, thrill seeking)

Loss of interest in activities

Difficulty concentrating or feeling motivated

High anxiety or restlessness

Feeling helpless or hopeless

Suicidal or homicidal thinking or behavior (verbally or in written communication; direct or indirect) (call 508-626-4911 instead of referring to SAT)

Stalking

Time and Location

Date/Time of Incident (if applicable):

Location (if applicable):

Please list the names and FSU email for any others involved (if applicable):

Description of Concern

Please provide as much detail as possible and please indicate your level of concern (i.e. mild, moderate, elevated, high or extreme). If you prefer to attach a separate sheet, please do so.

What is your desired SAT response to this referral?

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For SAT Use Only

Student ID _____

Student Status _____ (credits) Major _____

Resident Status _____ GPA _____